State of South Dakota



Candidate's or Committee's Report of Receipts and Expenditures

See pages 9 & 10 of the Guideline Book for specific instructions on completing this report. S.D. SEC. OF STATE Name of Candidate or Committee S.D. Nutses Assoc PAC. Complete Mailing Address P.D. Boy 1015 Pierre S.D. 57501 Was a candidate, what office are you seeking? Lear End Acrost or muit PW If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book) Lear Snd Report For Reporting Period Ending (See pages 4 & 5 of Guideline Book) Detember 31, 2006 The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I Patricia Woolfidge (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Date: Tebruary 4, 2007 Candidate Signature or Signature or Signature of Committee Treasurer or Chairperson Gay or Filed, this Sucket Arry of STATE SCRETARY OF STATE S.D. SEC. OF STATE	Candidates and candidate committees: File in the office where PACs, political party, ballot question and other committees:	here you filed your nominating petition. File with Elections Department, Secretary of State's Office, 500 E Capitol Ave., Pierre, SD 57501-5070	RECEIVED
Name of Candidate or Committee S.D. Nutses Assoc PAC Complete Mailing Address P.D. Bey 1015 Pierre, S.D. 57501 Name of Person Making Report Patricia Woolvidge Daytime Phone Number If you are a candidate, what office are you seeking? Hear and Arport Daytime Phone Number If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book) Hear Snd Report For Reporting Period Ending (See pages 4 & 5 of Guideline Book) December 31, 2006 The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I Patricia Woolridge and belief it is true, correct and complete. Date: For Treasurer or Chairperson Candidate Signature or Signature or Committee Treasurer or Chairperson day of Filed this The John Army Agency Candidate Treasurer or Chairperson Agency Committee Treasurer or Chairperson The Molary Committee Treasurer or Chairperson	• • • • • • • • • • • • • • • • • • • •		FAD A
Name of Candidate or Committee S.D. Nates ASSOC PFC Complete Mailing Address	See pages 9 & 10 of the Guideline Book for	specific instructions on completing this report.	S.D. SEC. OF STATE
Name of Person Making Report Patricia Woolvidge Daytime Phone Number If you are a candidate, what office are you seeking? If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book) Type of Report (See pages 4 & 5 of Guideline Book) The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I Patricia Woolfidge (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Date: For Revised July 2001 Revised July 2001	Name of Candidate or Committee 5.0	. Nurses Assoc PAC	
Name of Person Making Report Patricia Wolfridge Daytime Phone Number If you are a candidate, what office are you seeking? Lear and Report on the five of the committee was involved with during the reporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book) Lear and Report For Reporting Period Ending (See pages 4 & 5 of Guideline Book) December 31, 2006 The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I Patricia Wolf and Canada (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Date: **Entuary** 4, 2007** Candidate Signature or Signature or Chairperson Signature of Committee Treasurer or Chairperson Agy of Filed this structure of Committee Treasurer or Chairperson Agy of Filed this structure of Committee Treasurer or Chairperson Agy of Filed this structure of Committee Treasurer or Chairperson Agy of Filed this structure of Committee Treasurer or Chairperson Agy of Filed this structure of Committee Treasurer or Chairperson Committee Treasurer or Chairperson Canada Complete Committee Treasurer or Chairperson Committee C	Complete Mailing Address 1.0. Boy	1015 Pierre, S.D. 57501	E DET LEN
If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book)	Name of Person Making Report Patrice	a Woolridge Daytime Phone Number	05-353-051
Type of Report (See pages 4 & 5 of Guideline Book) Type of Report (See pages 4 & 5 of Guideline Book) The following Period Ending (See pages 4 & 5 of Guideline Book) Detember 31, 2006 The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I Pakicia Wooledge and belief it is true, correct and complete. Date: February 4, 2007 Candidate Signature or Chairperson Signature of Committee Treasurer or Chairperson Revised July 2001	If you are a candidate, what office are you se	eeking? Hear End Report omit	· PW
For Reporting Period Ending (See pages 4 & 5 of Guideline Book) The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I			d with during the
The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I	Type of Report (See pages 4 & 5 of Guidelin	ne Book) Year End Report	
VERIFICATION OF PERSON MAKING REPORT I	For Reporting Period Ending (See pages 4 &	25 of Guideline Book) December 31,	2006
VERIFICATION OF PERSON MAKING REPORT I	***************************************	••••••••••••••	•••••
I Patricia Wolfied (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Date: February 4, 2007 Candidate Signature or Signature or Chairperson Revised July 2001 Filed this Aug of Candidate Signature or Chairperson	The following verification must be complete	ed before submitting report.	
Date: Hebruary 4, 2007 Candidate Signature or Signature of Committee Treasurer or Chairperson Revised July 2001 Revised July 2001 Candidate Signature of Committee Treasurer or Chairperson Gl. Molson	VERIFICATION OF PERSON MAKING R	REPORT	
Candidate Signature or Signature of Committee Treasurer or Chairperson day of Filed this		 1	I have examined
Filed this July 07	Date: February 4,2007	Candidate Signature or	on A
Filed this July 07	Revised July 2001	4	400 01
		Ol. V	Molson

Name of (Candidat	te or Coi	mmitte	eS,D,	nu	Rse	5_	assoc	PAC	
Y** .3	4.			Nagara.	ممما	2 1	1 /	^		

For the reporting period ending <u>VECEMBER 21, 2006</u>

Schedule A – Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

Unitemized Contributions from In	ndividuals:		*\$
Itemized Contributions from Indi	viduals		,
Name	Residence Address	Place of Employment (Name of Employer)	
Name	Residence Address	(Name of Employer)	7 /
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Total of Itamized Contributions for	rom Individuale:		*¢

Name of Candidate or Committee	South Dakota Nurses As	SSOC PAC
	ec 31, 2006	<u> </u>
ror the reporting period ending()	(631, 200	``
Schedule A	A – Direct Contributions (continued)	
Unitemized Contributions from Political Part	ties:	*\$
Itemized Contributions from Political Parties	•	
Party Name	Address	
		\$
		-
The state of the s		- / s
	ID (*)	
Total of Itemized Contributions from Politica	il Parties:	*\$
Itemized Contributions from Political Action	Committees (PAC's) - All contributions from PAC's n	nust be itemized.
PAC Name	Address	
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Total of Itemized Contributions from Politic	al Action Committees:	*\$
Total of All Direct Contributions (Sum of al	l lines with an *\	6 78

Name of Candidate or Committee:	D Nurses Assoc PAC	
For the reporting period ending: Dec		
Schedule B - List on this schedule fund-raising events held to raise contributor gives more than \$100 or their contribution contributions must be itemized on Schedule A.		
Type or Name of Event		Net Proceeds
Total:		Φ
Report all non-cash contributions of goods or service contributor, residence address and place of employments of Non-Cash Contribution		e exceeds \$100, the name of the Estimated Value
	· · · · · · · · · · · · · · · · · · ·	
Total:		
	edule D - Other Income	
Use this schedule to report any refunds, interest earner		ion.
Source of Income		Amount
		:
Total:		

Name of Candidate or Committee:_	S.D. Nurses	Assoc PAC
For the reporting period ending:	Dec. 31,2006	

Schedule E - Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.

Expenses		Contributions Made to Candidates and Committees			
Item	Amount	Name of Candidate or Committee	Amount		
Advertising		Dinah Paris	50.00		
Consulting		Kathleen Miles	75,00		
Postage		Jean Hunnoff Susan Blake	75,00		
Printing		Susan Blake	50.00		
Rent					
Salaries					
Telephon e		The state of the s			
Travel					
Utilities		10.00			
	T . 4 . 43				
List other expense items below	List other expense amounts below				
Items Delow	amounts below		 		
	 				
					
	 				
	 				
		<u> </u>			

Appendi	ix E

Name of Candidate or Committee:	S.D. Nurses Assoc PAC	Appendix
For the reporting period ending:	Dec 31,2006	1
This schedule is to report all of the candidate has been contracted but not billed, estimate the	hedule F - Debts and Obligations 's campaign obligations which are unpaid at the end one amount of the obligation.	of the reporting period. If a service
Owed to:	Purpose:	Amount
· · · · · · · · · · · · · · · · · · ·		
······································		
Total Obligations:		— <i>—</i>

Na	me of Candidate or Committee:	D. Nurses Assoc PAC	_ ·
Fo	r the reporting period ending: <u>De C ਤ</u>	1,2006	
	s summary sheet will give a brief outline of all camp in the schedules previously completed.	Summary Page paign finance activity during this reporting period.	Please transfer all totals
1.	Amount on hand, if any, at the beginning	of the reporting period:	\$ <u>387.86</u>
2.	Receipts		
	Schedule A - Direct Contributions	\$	
	Schedule B - Fund-Raising Events	\$	
-	Schedule C - In Kind Contributions	\$	المنافقة والمنافقة والمستقيرة والمستوان والمست
	Schedule D - Other Income	\$	
	Total of all Receipts	\$ <u></u>	
3.	Total Monetary Receipts (A+B+D)		\$Ø
4.	Candidate's Personal Contribution to Owr	Campaign	\$
5.	Monetary Loans to Candidate or Committee	ee During Reporting Period	\$
6.	Monetary Loans Repaid During Reporting	g Period	\$ ø
7.	Expenditures - Schedule E		\$ 250.00
8.	Unpaid Obligations - Schedule F	\$	
9.	Amount on hand at the close of this repor This should equal lines (1+3+4+5) – (6+7	0.1	\$ 137.86

